N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 29887

Township Kaw — Primary Registration District No. 1002 — Registered No. 3692

City Kansas City Mo. (No. St Lukes Hospital St. Ward)

2. FULL NAME Alberta E Goodwin

(a) Residence. No. 4040 Hyde Park St., 7 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R.G. Goodwin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12th 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	1	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER A.J. Blattman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
12. MAIDEN NAME OF MOTHER Clara Thompson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

14. INFORMANT R.G. Goodwin
(Address) 4040 Hyde Park

15. FILED 9/8 1930 M. M. Crowe REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 6th 1930.

17. I HEREBY CERTIFY, That I attended deceased from Aug 28th, 19__, to Sept 6th, 1930, that I last saw h__ alive on Sept 6th 1930, and that death occurred, on the date stated above, at 5:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peri rectal infection + Gangrene
123A
59 (duration) yrs. mos. 20 ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus undetermined yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 19 1930 Aug 23 1930
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [signature], M. D
9-8, 1930 (Address) 1022 Argyle Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Shawnee Cemetery Shawnee Kansas
DATE OF BURIAL: Sept 8th 1930 19

20. UNDERTAKER: Gates Funeral Home
ADDRESS: Kansas City Kans.